

<b>REQUEST FOR ORAL HEARING</b> BEFORE <b>THE BOARD OF PATENT APPEALS AND INTERFERENCES</b>		Docket Number (Optional) 0630-1845P
	In re Application of Jong Hyun YOON et al.	
	Application Number 10/667,383-Conf. #1937	Filed September 23, 2003
	For METHOD FOR PREVENTING DISCONNECTION OF AUDIO/VIDEO STREAM IN HOME NETWORK	
	Art Unit 2623	Examiner J. R. Schnurr

Applicant hereby requests an oral hearing before the Board of Patent Appeals and Interferences in the appeal of the above-identified application.

The fee for this Request for Oral Hearing is (37 CFR 41.20(b)(3)) \$ 1,080.00

☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ \_\_\_\_\_

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.

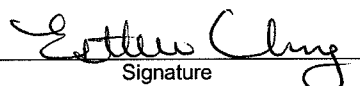
☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 02-2448.

☐ A petition for an extension of time under 37 CFR 1.136(b) (PTO/SB/23) is enclosed. For extensions of time in reexamination proceedings, see 37 CFR 1.550.

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

I am the

☐ applicant/inventor.

  
 Signature

☐ assignee of record of the entire interest.  
 See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed.  
 (Form PTO/SB/96)

Esther H. Chong  
 Typed or printed name

☒ attorney or agent of record.

January 26, 2009  
 Date

Registration number 40,953

☐ attorney or agent acting under 37 CFR 1.34.

(703) 205-8000  
 Telephone number

Registration number if acting under 37 CFR 1.34. \_\_\_\_\_

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of 1 forms are submitted.